TECHNICAL UNIT

GRIEVANCE FORM

Department (Agency)		Grievance No. L	32
Work Location_		Work Telephone No	
This is a direct appeal to Step 1	☐ Step 2		
NAME CLAS	SS AND LEVEL	EMPLOYEE I.D.	SHIFT
Employee's statement of grievance:		1	
A just and fair solution of my grievance is:			
Criovanta Signatura		Data diyan Sunanyigar	
Grievant's Signature			
Representative's Name		United Technical Employees As	soc.
		United Technical Employees As	soc.
Representative's Name			soc.
			SOC.
Received	STEP 1 OFFIC		
Received	STEP 1 OFFIC	IAL'S ANSWER	nt
Received	STEP 1 OFFIC	IAL'S ANSWER Date given Steward and Grievar	nt
Received Signature GRIEVANT'S	STEP 1 OFFIC	IAL'S ANSWER Date given Steward and Grievar	nt
Received Signature GRIEVANT'S	STEP 1 OFFIC	IAL'S ANSWER Date given Steward and Grievar	nt
Received Signature GRIEVANT'S	STEP 1 OFFICE OF A por appealing is:	Date given Steward and Grievar	nt

NOTE: Type or Print (use ballpoint).

These directions are intended as a guide. Please refer to Article 9, Grievance Procedure.

WHO DOES WHAT

Grievant Fills out all of the information blanks at top of form, immediately

above Step 1 Official's answer.

Gives packet to Step 1 Supervisor.

Step 1 Supervisor Initials form next to "date given supervisor" to indicate receipt of

grievance, and gives GOLD copy to grievant.

Schedules and conducts Step 1 Conference in accordance with

Agreement.

After Conference, writes answer in selection entitled "Step 1

Official's Answer" in accordance with Agreement.

Distributes copies as follows:

1 copy to Association Representative

1 copy to Retains for File

2 copies to Grievant

Grievant If not satisfied with Step 1 answer, completes section entitled

"Grievant's Notice of Appeal to the next Step."

Forwards one copy to Step 2 official.

Retains one copy for files.